



TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53 Attorney Docket No. 24641-1040B

First named inventor CHOBOTOV, M.

Express mail label # EL68575785US

Date of mailing October 3, 2001

Application Elements	Accompanying Application Papers			
1. [X] Fee Transmittal Form	6. [X] Copy of assignment from prior application			
<ol> <li>[X] Specification containing <u>23</u> pages (including claims and Abstract), and</li> </ol>	7. [X] Copy of Small Entity Statement from parent application			
<u>1</u> cover sheet.	8. [X] Preliminary Amendment			
a. Title: LAYERED ENDOVASCULAR GRAFT	9. [X] Return Receipt Postcard			
b. Number of claims: <u>6</u>				
3. [X] 3 sheets of drawings with 8 Figures.				
4. [X] Copy of Declaration from parent application.				
5. [] Sequence Listing				
[ ] Paper copy (identical to computer copy)				
[ ] Computer readable copy				
[ ] Verified statement				
	SIGNATURE OF ATTORNEY/AGENT			
	HELLER EHRMAN WHITE & McAULIFFE LLP			
	9203			
	William B. Anderson			
	Registration Number: 41,585			

[X] This application is a continuation of allowed U.S. application Serial No. 09/200,317, filed November 25, 1998, which claims benefit of priority under 35 U.S.C. §119(e) to U.S. provisional application Serial No. 60/066,301, filed November 25, 1997.

CORRESPONDENCE ADDRESS				
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## FEE TRANSMIT ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53

Attorney Docket No.	2+041-1040B			
First named inventor	сновотоv, м			
Express mail label #	EL68575785US			
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## FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee	\$ <u>740.00</u>
b)	Independent Claims $\underline{1} - 3 = \underline{0} \times \$ 84.00$	\$ <u>0.00</u>
c)	Total Claims $5 - 20 = 0 \times 18.00$	\$ <u>0.00</u>
d)	Fee for Multiple Dependent Claims - \$280.00	\$ <u>0.00</u>
	TOTAL FILING FEE	\$ 740.00

[X] Status as Small Entity is claimed, reducing Fee by one-half to

\$ 370.00

- [X] A check in the amount of \$370.00 to cover the fee for filing the application.
- [] Charge \$ .00 to Deposit Account No. 50-1213.
- [X] The Commissioner is hereby authorized to charge any fees, including the filing fee and excess claims fee, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

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Submitted by:							
Typed or printed name	William B. Anderson			Reg. Number	41,585		
Signature	WB Gran	Date	10-3-01	Deposit Account	50-1213		